

**DRUG/MEDI-CAL WORKBOOK**FACILITY NAME \_\_\_\_\_  
FACILITY NUMBER \_\_\_\_\_REVIEWER \_\_\_\_\_  
DATE \_\_\_\_\_

Item	Drug Standards	D/MC Standards	Title 22		Acceptable	Deficient	N/A
				<b>GENERAL MANAGEMENT - Governing Body</b>			
1	I I.A			Each program shall have a governing body that has full legal authority for operating the program.			
2	I I.A			The governing body shall meet at least quarterly.			
3	I I.A			Minutes of all meetings shall be kept and be available to the public.			
4	I I.A			Names and addresses of all governing board members shall be available.			
5	I I.A			The bylaws and rules (Articles of Incorporation) of the program shall follow applicable legal requirements.			
6	I I.A			Public organizations shall provide an organization chart.			
7	I I.A			Private organizations shall provide documentation of the legal authority for the formation of the agency.			
	I I.A			<b>GENERAL MANAGEMENT - Personnel Policies</b>			
8	I.C I.C.1.a			Written personnel policies approved by the Board annually and updated as needed shall be established and maintained.			
9	I.C.1.b			The policies are applicable to all employees and are available to and reviewed with new employees.			
10	I.C.1.c			The policies comply with all applicable local, state and federal employment practice laws.			
11	I.C.1.d			The manual shall include information and policies about the following:			
12	I.C.1.d			recruitment,			
13	I.C.1.d			hiring process,			
14							

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	I.C.1.d			evaluations,			
15	I.C.1.d			promotion,			
16	I.C.1.d			disciplinary action, and			
17	I.C.1.d			termination;			
18	I.C.1.d			equal employment opportunity,			
19	I.C.1.d			Nondiscrimination,			
20	I.C.1.d			Affirmative action.			
21	I.C.1.d			Employee benefits (vacation, sick leave),			
22	I.C.1.d			Training and development			
23	I.C.1.d			Salary schedule, merit adjustment,			
24	I.C.1.d			Severance pay;			
25	I.C.1.d			employee rules of conduct;			
26	I.C.1.d			employee safety and injuries, and			
27		III.H		physical health status as required. All persons working in the clinic, including volunteers, shall have a health screening within six months prior to employment or within 15 days after employment.			
28	I.C.2			Personnel files shall be maintained on all employees and shall contain:			
29	I.C.2.a.			application for employment and resume;			
30	I.C.2.b.			employment confirmation statement;			
31	I.C.2.c.			salary schedule and adjustments;			
32	I.C.2.d.			employee evaluation;			
33	I.C.2.e.	III.H.3		health records as required; All persons working in the clinic shall have been screened and those who are found to have symptoms of infectious disease shall be removed from contact with patients.			
34	I.C.2.f.			other personnel actions (e.g. status changes/commendation discipline/incidents and/or injuries)			

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35	I.C.3			Procedures shall be established for access to and confidentiality of personnel records			
36	I.C.4			Job descriptions shall be developed, revised as needed, and approved by the governing body. Job descriptions shall include:			
37	I.C.4.a.			position title and classification;			
38	I.C.4.b.			duties and classification;			
39	I.C.4.c.			lines of supervision, and;			
40	I.C.4.d.			education, training, work experience and other qualifications for the position.			
41	I.C.5			A written code of conduct shall be maintained for employees and volunteers which addresses at least the following:			
42	I.C.5.a.			the use of drugs and alcohol;			
43	I.C.5.b.			relationships between staff and clients;			
44	I.C.5.c.			prohibition of sexual contact with clients; and			
44a	I.C.5.d.			Conflict of interest			
	I.D			<b>GENERAL MANAGEMENT - Fiscal Management</b>			
	I.D.1			The annual written budget, which includes expected income shall also contain the following:			
45	I.D.1.a.			Listing of all income by source; and			
46	I.D.1.b.			List all expenses by program component or type of service.			
47	I.D.3.			A reporting mechanism shall be developed which indicates the relation of the budget to actual income and expenses to date.			
48	I.D.3.			Written policies and procedures shall be maintained which govern the fiscal management system that contain the following:			
49	I.D.4.			Purchasing authority,			

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50	I.D.4.			Accounts receivable,			
51	I.D.4.			Cash,			
52	I.D.4.			Billings, and			
53	I.D.4.			Cost allocation			
54	I.D.5.			Personnel responsible for signing checks and other accounting activities shall be bonded.			
55	I.D.6.			A financial operations audit shall be performed at least every 2 years by a public accountant who is not a staff or Board member or by the funding agency.			
				<b>GENERAL MANAGEMENT - Volunteer Services</b>			
56	I.E			If a program utilizes volunteers, it should develop and implement policies and procedures which address:			
57	I.E.a.			recruitment;			
58	I.E.b.			screening;			
59	I.E.c.			selection;			
60	I.E.d.			training and orientation;			
61	I.E.e.			duties and assignments;			
62	I.E.f.			supervision;			
63	I.E.g.			evaluation; and			
64	I.E.h.			protection of client confidentiality.			
				<b>PROGRAM MANAGEMENT Admission or Readmission Criteria</b>			
65	II.A.1			Clients are admitted in accordance with the admission/readmission criteria as contained in the program's protocol for determining the clients eligibility and suitability for treatment. These criteria shall include, at minimum:			
66	II.A.1.a.			the drug(s) of use are identified;			
67	II.A.1.b.			documentation of social, psychological, and/or behavioral problems related to drug abuse;			

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68	II.A.1.c.			admission criteria provides for a statement of nondiscrimination.			
69			51341.1 (h)(1) (D)(i)-(ii)	The program shall establish medical necessity and identify the applicable Diagnostic and Statistical Manual of Mental Disorders Third Edition-Revised or Fourth Edition diagnostic code.			
				<b>PROGRAM MANAGEMENT - Intake</b>			
70	II.A.2.a.			An initial interview shall determine whether or not a client meets the admission criteria.			
71	II.A.2.b.			If a potential client does not meet the admission criteria the client shall be referred elsewhere for treatment.			
72	II.A.2.c.			All clients admitted shall meet the admission criteria and this shall be documented in the client's record.			
73	II.A.2.d.			If a client is appropriate for treatment, the following information shall be gathered at minimum:			
74	II.A.2.d.			social, economic, and family background education;			
75	II.A.2.d.			vocational achievements;			
76	II.A.2.d.			criminal history, legal status;			
77	II.A.2.d.			medical history;			
78	II.A.2.d.			drug history; and			
79	II.A.2.d.			previous treatment.			
80	II.A.2.e.			Only upon completion of this process and the signing of the consent form shall the client be admitted to treatment.			
			51341.1 (h)(1)(A)	<b>PROGRAM MANAGEMENT - Medical Assessment</b>			
81	II.A.3		(h)(1) (A)(ii)	A complete medical and drug history shall be taken.			
82	II.A.3.			The program takes reasonable steps to protect the clients from the spread of infectious disease(s).			

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83			(h)(1)(A)(iii)	An assessment of the physical conditions of the client shall be made within 30 days from admission and documented in the client's record in one of the following ways:			
84	II.A.3.a.		(h)(1)(A)(iii)(a)	Physical examination; or			
85	II.A.3.b.		(h)(1)(A)(iii)(b)	Upon a review of the medical history and other appropriate material, a licensed physician must make a determination whether a waiver of the physical can be made.			
				<b>PROGRAM MANAGEMENT - Services – Staffing</b>			
86	II.B II.B.1			Each program shall be staffed to ensure adequate delivery of required services.			
87		IV.C.1		Each substance abuse clinic shall have one or more substance abuse professionals.			
				<b>PROGRAM MANAGEMENT - Services - Hours of Operation</b>			
88	II.B.2.			Each program shall have scheduled hours of service that meet the needs of the clients served.			
89	II.B.2.			When not open the program should provide information concerning emergency counseling, referral and telephone services.			
			51341.1 (d)(1)-(5)	<b>PROGRAM MANAGEMENT Counseling and Other Therapeutic Services/Frequency of Services</b>			
90	II.B.3 II.B.3.a		51341.1 (h)(4)(A)	Each client should be seen weekly or more, depending on his/her need and treatment plan. At minimum, all outpatient clients shall receive two counseling sessions per 30 day period or be subject to discharge.			
91	II.B.3.b. (min. 10 hr/wk).		(b)(6)	For day care clients a minimum of 3hours per day, 3 days per week of counseling and/or structured therapeutic activities shall be provided for each client.			
92				If exceptions to the above frequency of services			

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	II.B.3.			are given, this shall be documented in the client's file.			
93			(c)(1)-(4)(A)	Pregnant and postpartum women: Perinatal services shall include: Mother/Child habilitative services, parenting skills, training in child development, which may include cooperative child care.			
94			(c)(4)(B)	Service access: provision of or arrangement for transportation to and from medically necessary treatment.			
95			(c)(4)(C)	Education to reduce harmful effects of alcohol and drugs on the mother and fetus.			
96			(c)(4)(D)	Coordination of ancillary services: assistance in accessing dental services, social services, community services, educational and other services.			
97			(h)(1)(B)(i)(a).	In addition to h.1.(A) above, Naltrexone treatment services: i- the beneficiary shall have a confirmed, documented history of opiate abuse.			
98			(h)(1)(B)(i)(b).	shall be at least 18 years of age			
99			(h)(1)(B)(i)(c).	Has been opiate free for a period of time determined by the physician.			
100			(h)(1)(B)(i)(d).	Programs shall not admit pregnant women to naltrexone services and terminate services to women who become pregnant			
101			(h)(1)(B)(ii)	Physician shall certify beneficiary's fitness for treatment.			
102			(h)(1)(B)(iii)	Physician shall advise of the overdose risk should they return to opiate while using naltrexone.			
				<b>PROGRAM MANAGEMENT Counseling and Other Therapeutic Services - Type of Service</b>			
	II.B.3.b			The need for the following minimum services			

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				must be assessed, provided directly, or referred out and are not limited to:			
103	II.B.3.b			Education opportunity;			
104	II.B.3.b			Vocational counseling and training;			
105	II.B.3.b			job referral and placement;			
106	II.B.3.b			legal services;			
107	II.B.3.b			Medical services, dental services;			
108	II.B.3.b			Social/recreational services;			
109	II.B.3.b			Individual counseling and group counseling for clients, spouses, and significant others;			
110	II.B.3.b			Programs shall provide and utilize community resources and document referrals in client records.			
111	II.B.4			If a client is not appropriate for treatment, or is in need of other services, the client shall be referred to other services.			
112	II.B.4			Policies and procedures shall identify the conditions under which referrals are made, procedures for making and following-up the referral, and the agencies to which referrals may be made.			
				<b>PROGRAM MANAGEMENT Counseling and Other Therapeutic Services – <u>Medical Director</u></b>			
113		IV-A.1		Each program shall have a qualified medical director available to ensure quality medical services.			
				The medical director shall have:			
		IV.-A.2		The Medical Director's responsibilities, acting alone or through an organized medical staff, shall include:			
114		IV.A.2.a.		Establishing, reviewing, and maintaining medical policies and standards.			
				Assuring the quality of medical services			



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115		IV.A.2.b.		given to all patients treated by the clinic;			
116		IV.A.2.c.		Admitting privileges to a general acute care hospital; or a plan, as approved by the Department for ensuring needed hospital services.			
117		IV.A.2.d.		Assuring that a physician has assumed medical responsibility for all patients treated by the clinic.			
				<b>CLINICAL DIRECTOR</b>			
118		I.V.B.		The clinic staff, professional and nonprofessional, shall be under the administration of the clinic director.			
119		I.V.C.2		A substance abuse professional is defined as a person who has completed an Associate of Arts degree and one year of experience, or has three years experience in a mental health or substance abuse setting. Experience in a mental health or substance abuse field may be substituted for the degree requirement on a year-for-year basis provided that the experience includes clinical evaluation, treatment planning, and individual and group counseling.			
				<b>CASE MANAGEMENT Establishment, Control, and Location of Records</b>			
120	II.C II.C.1.a.			A case file must be established for each client admitted.			
121	II.C.1.b.			Client records are to be maintained and information released only in accordance with CFR 42, Part 2.			
				<b>CASE MANAGEMENT - Contents of Records</b>			
	II.C.2			All records must contain, at minimum, the following:			
122	II.C.2.a			Demographic and Identifying Data:			
123	II.C.2.a			Client identifier (i.e. name, number);			
124	II.C.2.a			Date of birth;			

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125	II.C.2.a			Sex;			
126	II.C.2.a			Race/ethnic background;			
127	II.C.2.a			Address;			
128	II.C.2.a			Telephone number;			
129	II.C.2.a			Next of kin, or emergency contact			
130	II.C.2.a			Consent to treatment;			
131	II.C.2.a			Referral source and reason for referral;			
132	II.C.2.a			Date of admission; and			
133	II.C.2.a			Type of admission (i.e. new, readmit).			
	II.C.2.b			Intake Data			
134				All data gathered during intake (Section II.A.2) shall appear in the client's record.			
				<b>CASE MANAGEMENT - Treatment Plan</b>			
135	II.C.2.c		5134.1 (h)(2)(ii)(a)	Each client shall have an individual written treatment plan developed within 30 days from admission.			
136			5134.1 (h)(2)(iii)(a)	The treatment plan shall be updated at least every 90 days.			
137			5134.1 (h)(2)(ii)(b)	The program physician must sign and date all treatment plans within 15 days from the date the plan was developed.			
	II.C.2.c			The treatment plan shall contain, at minimum:			
138			(h)(2)(A)(i)(a)	statement of problem(s) to be addressed in treatment;			
139			(h)(2)(A)(I)(b)	statement of goal(s) to be reached which address the problem;			
140			(h)(2)(A)(I)(c.)	action step(s) which will be taken by program and/or client to accomplish goal(s) and;			
141			(h)(2)(A)(I)(d)	target date(s) for accomplishment of action step(s), goal(s), and when possible, resolution date of problem(s).			

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				<b>CASE MANAGEMENT - Urine Surveillance</b>			
	II.C.2.d			Where drug screening by urinalysis is used, the program shall;			
142	II.C.2.d			establish procedures which protect against falsification and/or contamination of any urine sample;			
143	II.C.2.d			Document urinalysis results in the client's file.			
				<b>CASE MANAGEMENT - Other Requirements</b>			
144	II.C.2.f			Notes shall be written legibly in ink or typewritten.			
145	II.C.2.f			All entries shall be signed and dated.			
146	II.C.2.f			A standard format shall be used for all records.			
147	II.C.2.g	III.F		All records shall be readily available to staff.			
				<b>CASE MANAGEMENT Disposal and Maintenance of Records of Closed Programs</b>			
148		III.F.2.		All health records of discharged patients shall be completed and filed within 30 days after discharge, and such records shall be kept for a minimum of three years, in accordance with Title 22, CCR, Section 51341.1 (i).			
149		III.F.3.		Information contained in health records shall be confidential and shall be disclosed only to authorized persons in accordance with federal, state, and local laws. (Title 9, CCR, Section 10155)			
				<b>CASE MANAGEMENT - Utilization Review</b>			
150		III.E.	51341.1 (e)(1)-(3)	The provider shall establish, implement, and maintain UR procedures in accordance with Title 22, CCR. Section 51341.1			
				<b>OTHER INFORMATION REQUIRED</b>			
151	II.D.5.			Staff Development - Each program shall have a written plan for training needs of staff. all			

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				training events shall be documented.			
152		III.A		<u>Fire Safety</u> Each clinic shall conform with the rules and regulations adopted by the state Fire Marshal and the requirements of the local fire authority having jurisdiction. Each clinic that is applying for D/MC certification or adding a satellite site shall obtain and provide ADP with a copy of a valid fire clearance that has been conducted by the state Fire Marshal or local fire authority no more than 12 months prior to the date of the application for certification.			
153	II.D.7.	III.A.		Facility Management - Each program shall comply with all applicable local, state, and federal laws and regulations.			
154		III.B		Use Permits - approval as necessary, shall be secured from the local agency authorized to provide a building use permit, or right to occupy or lease.			
155		III.D.		The clinic shall be clean, sanitary, and in good repair at all times. Maintenance shall include provisions and surveillance of maintenance services and procedures for the safety and well-being of patients, personnel, and visitors (Health and Safety Code, Sections 208(a) and 1275).			
	II.E.			<b>CLIENT RIGHTS</b>			
	II.E.1			A document shall be prepared which includes the following:			
156	II.E.1.a.			A statement of nondiscrimination by race, religion, sex, ethnicity, age, disability, sexual preference, and ability to pay;			
157	II.E.1.b.			client rights;			
158	II.E.1.c.		51341.1 (p)	grievance procedures; CCR Title 22			
159	II.E.1.d.		(p)	appeal process for discharge;			
160	II.E.1.e.			program rules and regulations;			
161	II.E.1.f.		(h)(7)	client fees; DM/C payment in full			
162				access to treatment files in accordance with			

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	II.E.1.g.			Executive Order B-22/76.			
163	II.E.1.g.			A copy of the clients rights document shall be provided to each client upon admission, or posted in a prominent place, accessible to clients.			
				<b>CONFIDENTIALITY</b>			
164	II.E.2.			All programs shall comply with 42 CFR, Part 2			
				<b>CONSENT TO TREATMENT</b>			
165	II.E.3.			Each program shall develop a consent to treatment (or admission agreement) form, which shall be read and signed by client upon admission. This form shall advise clients of their obligations as well as those of the program.			
				<b>CONSENT FOR FOLLOW-UP</b>			
166	II.E.4.			The follow-up after discharge cannot occur without written consent from the client.			
				<b>RESEARCH</b>			
167	II.E.5			Any program conducting research using clients as subjects shall comply with all standards of the California Research Advisory Panel and the federal regulations for protection of human subjects (45 CFR 46).			
				<b>DISCHARGE</b>			
168	II.F			Each program shall have written procedures regarding client discharge. These procedures shall contain the following:			
169	II.F.1			Written criteria for discharge defining:			
170	II.F.1.a.			successful completion of program;			
171	II.F.1.b.			unsuccessful discharge;			

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172	II.F.1.c.			involuntary discharge; and			
173	II.F.1.d.			transfers and referrals.			
	II.F.2			A discharge summary which includes:			
174	II.F.2.a.			description of treatment episode;			
175	II.F.2.b.			current drug usage;			
176	II.F.2.c.			vocational/educational achievements;			
177	II.F.2.d.			criminal activity;			
178	II.F.2.e.			reasons for discharge;			
179	II.F.2.f.			clients discharge plan; and			
180	II.F.2.g.			referrals.			

Comments: